



STUDENT LIABILITY FORM

CORNERSTONE CHRISTIAN CENTER

Annual Liability Release/Consent to Travel

Medical Release/ Disciplinary Agreement

I, _____, being the parent or legal guardian of _____ who is _____ years of age, hereby release Cornerstone Christian Center, its agent, assigns, employees and volunteer assistants from any liability whatsoever arising out of injury, sickness, or damage which may be sustained by my student during the course of his/her travel on trips and activities sponsored by Cornerstone Christian Center from September 1, 2012 to September 1, 2013.

MEDICAL RELEASE

I, _____, being the parent or legal guardian of _____ do further give my consent for the director or property appointed staff member of Cornerstone Christian Center to secure the administration of medical treatment or medication for my child in case of emergency, and I do further agree to the performance of such treatment, anesthetics, and operations as in the opinion of the attending physician is deemed necessary for my student.

(IN THE SECTION TITLED 'MEDICAL INFORMATION' ON PAGE 2 OF 2, LIST ANY MEDICATION OR TREATMENT THAT SHOULD NOT BE ADMINISTERED TO YOUR STUDENT BECAUSE OF DANGEROUS REACTIONS)

DISCIPLINARY AGREEMENT

I understand that, while my student participates in any regularly sponsored activities; my student is responsible to abide by the rules set forth by the sponsoring organization, its leaders and supervisory personnel. Any serious infraction of rules and/or conduct of my student will result in the dismissal from the program. I, the undersigned, agree to assume the cost of returning my student home. I also forfeit any possible refund. I understand that such action would only be taken under extreme circumstances.

